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PHARMACEUTICAL CARE BLOCK DIAGRAM

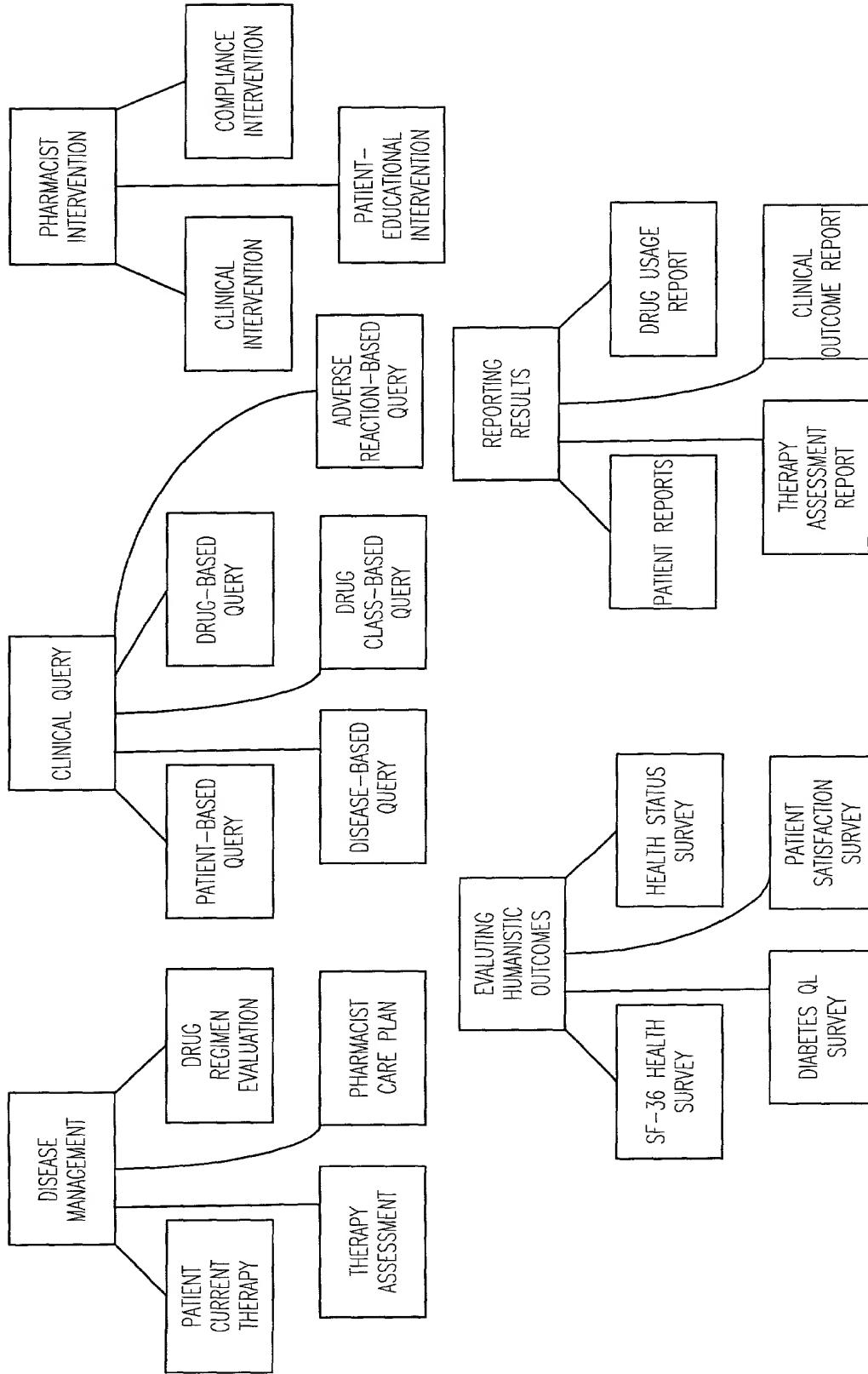
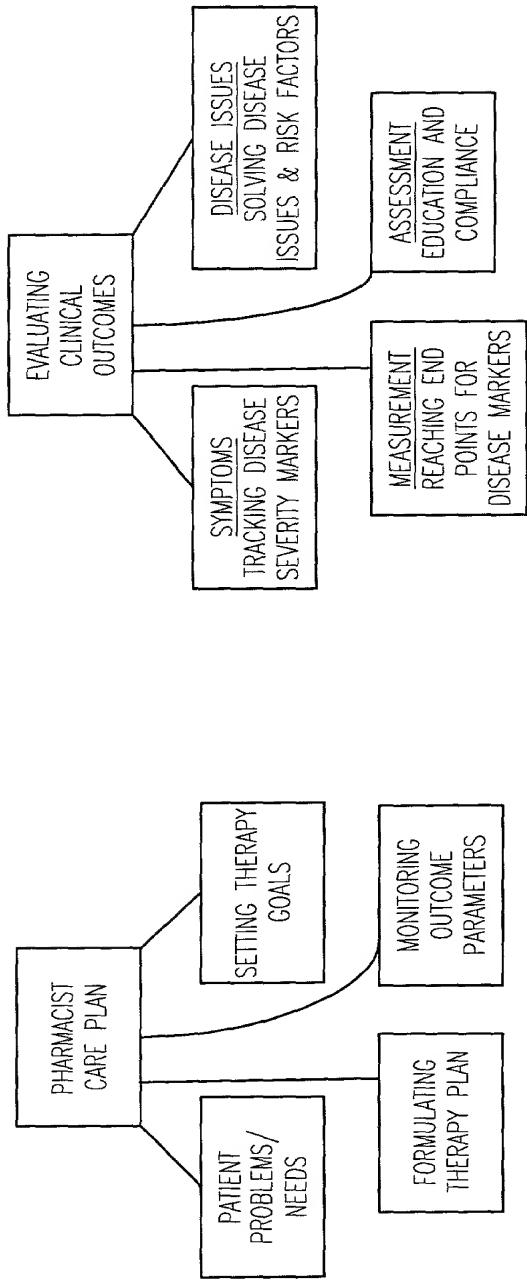


FIG. 1A

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PHARMACEUTICAL CARE BLOCK DIAGRAM

*FIG. 1B**FIG. 1C*

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PATIENT CURRENT THERAPY

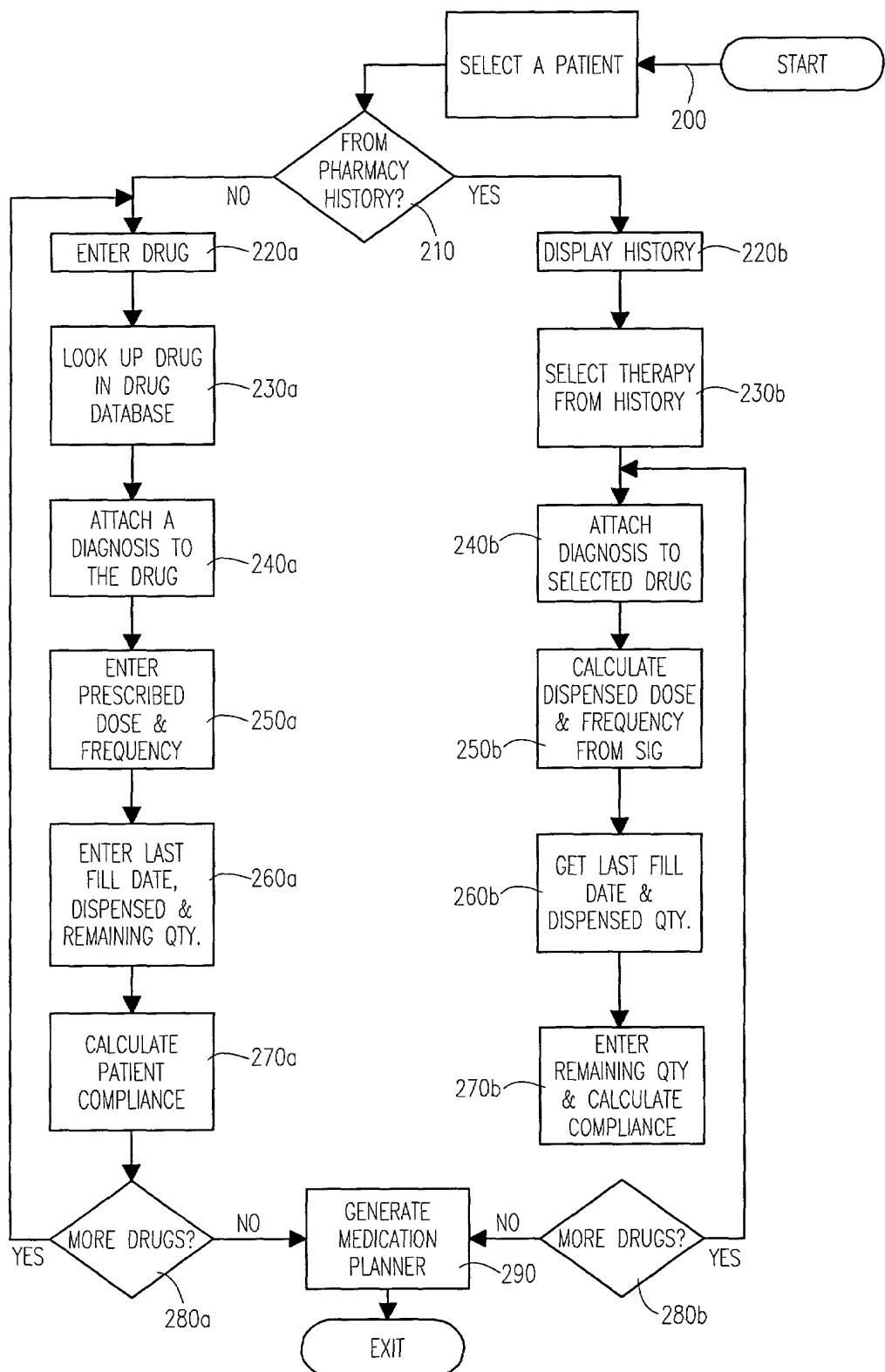


FIG. 2

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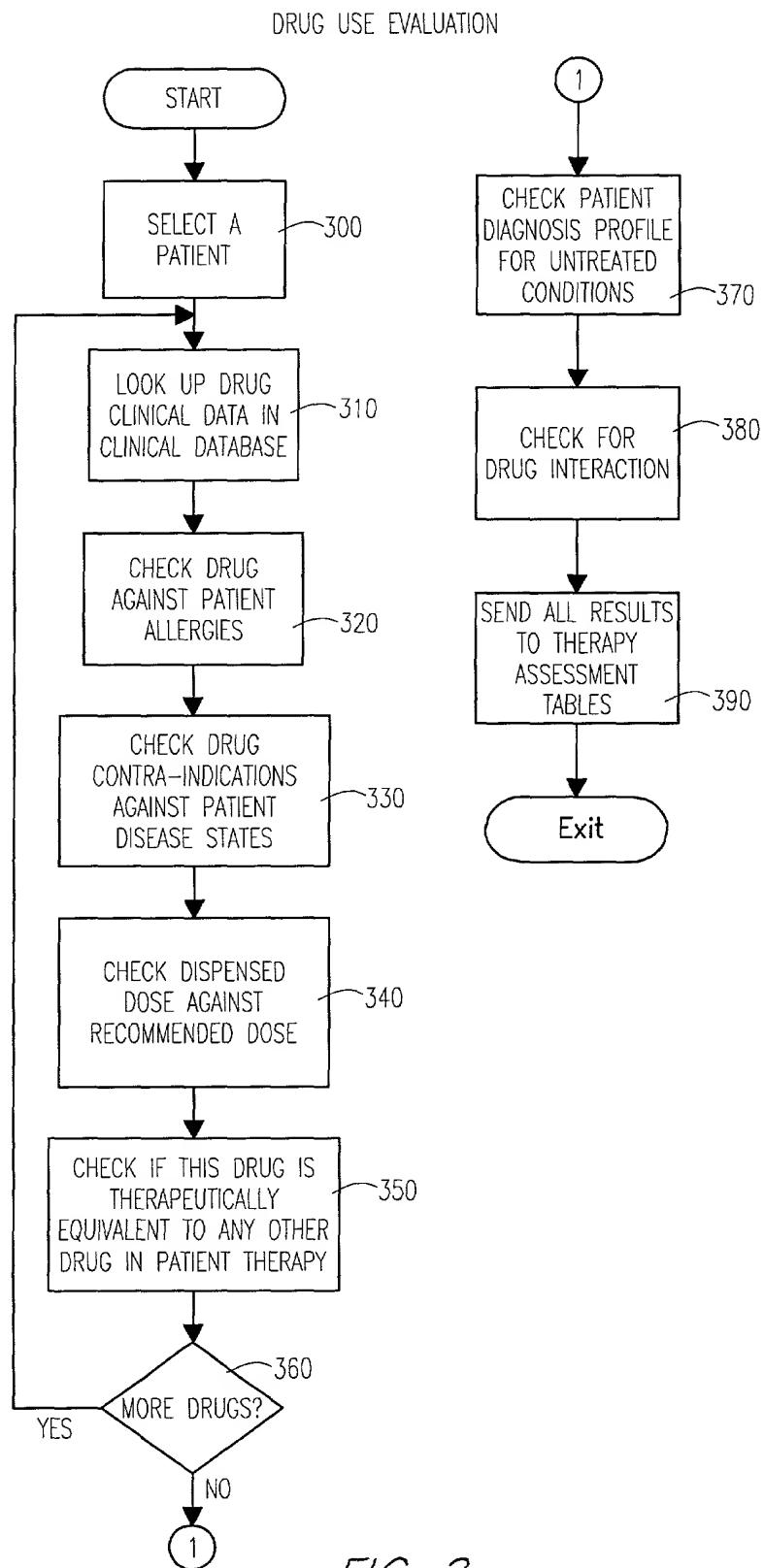


FIG. 3

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PHARMACIST CARE PLAN

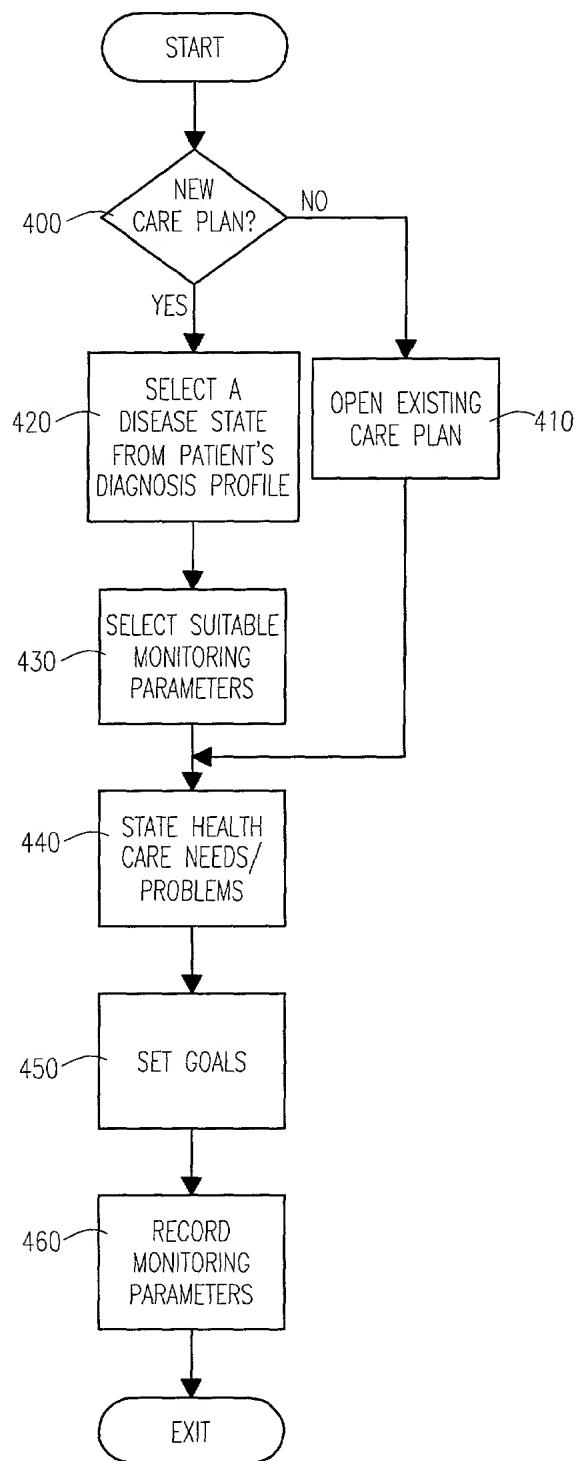


FIG. 4

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PATIENT-BASED QUERY

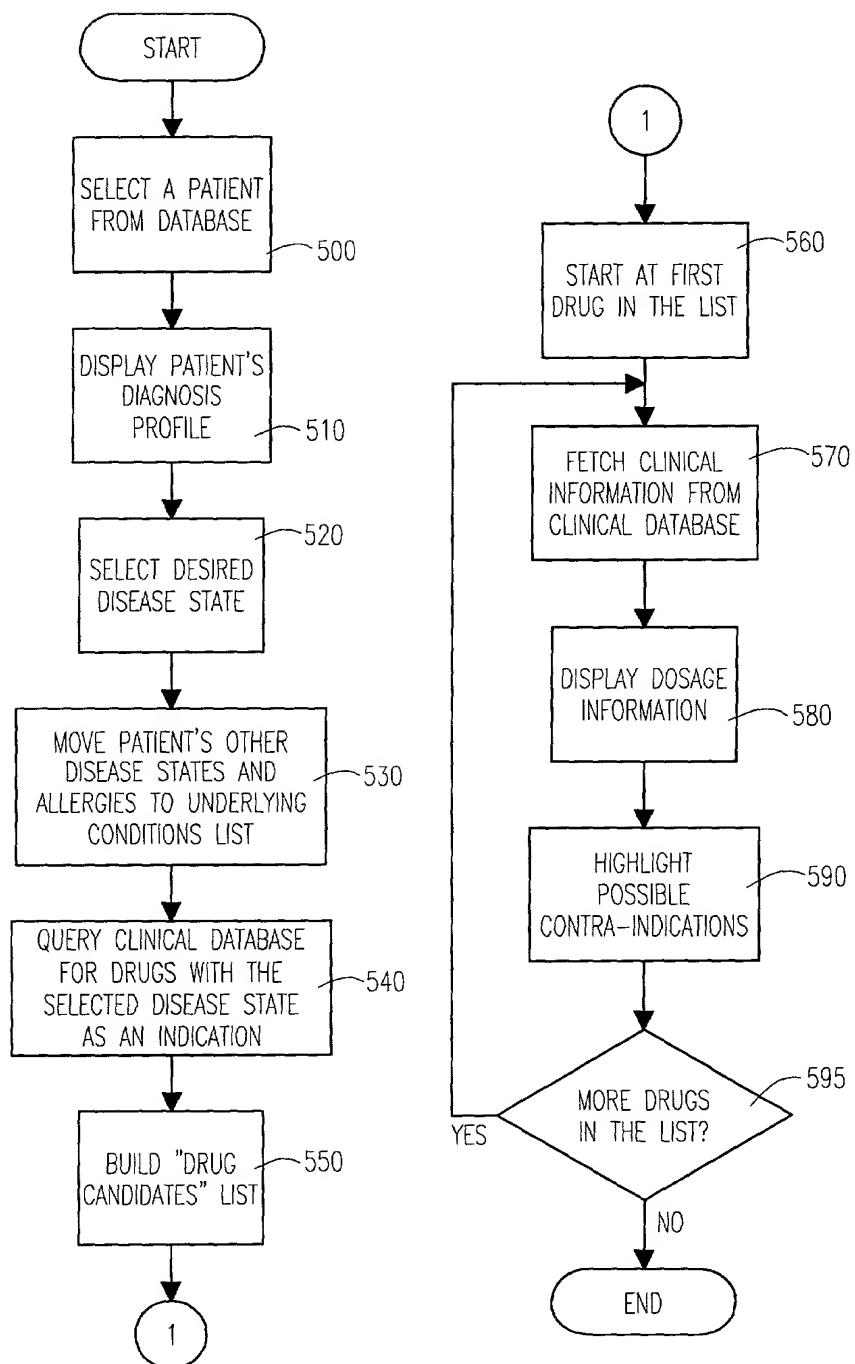


FIG. 5

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DISEASE-BASED QUERY

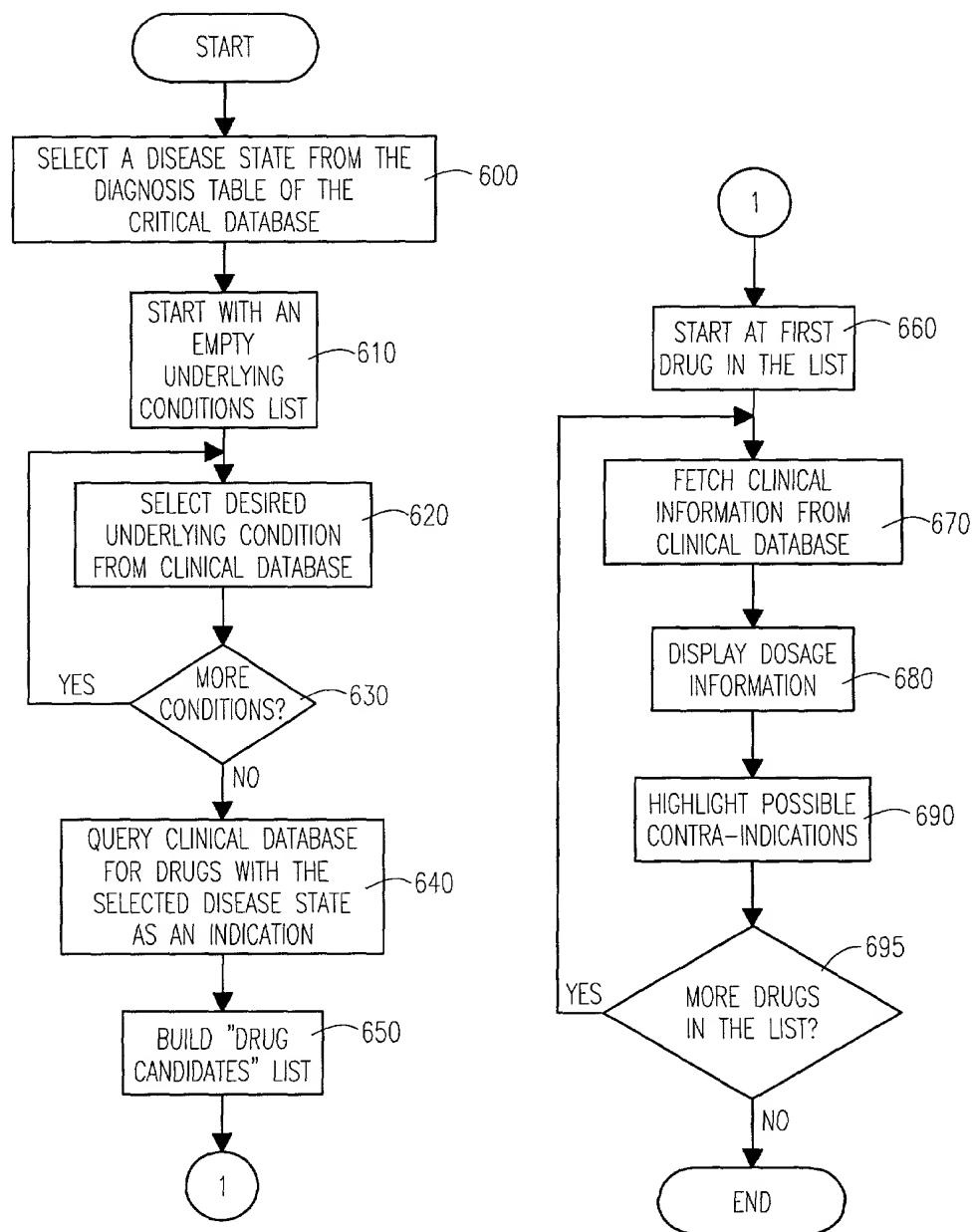


FIG. 6

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DRUG-BASED QUERY

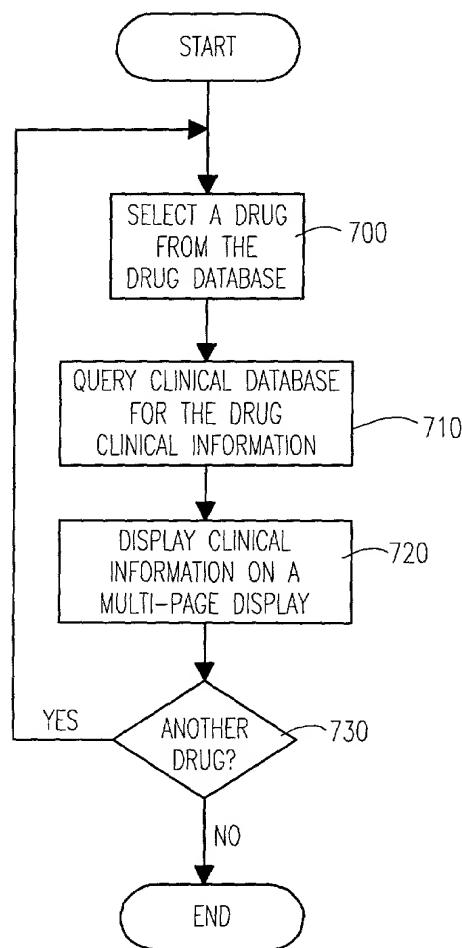


FIG. 7

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DRUG CLASS-BASED QUERY

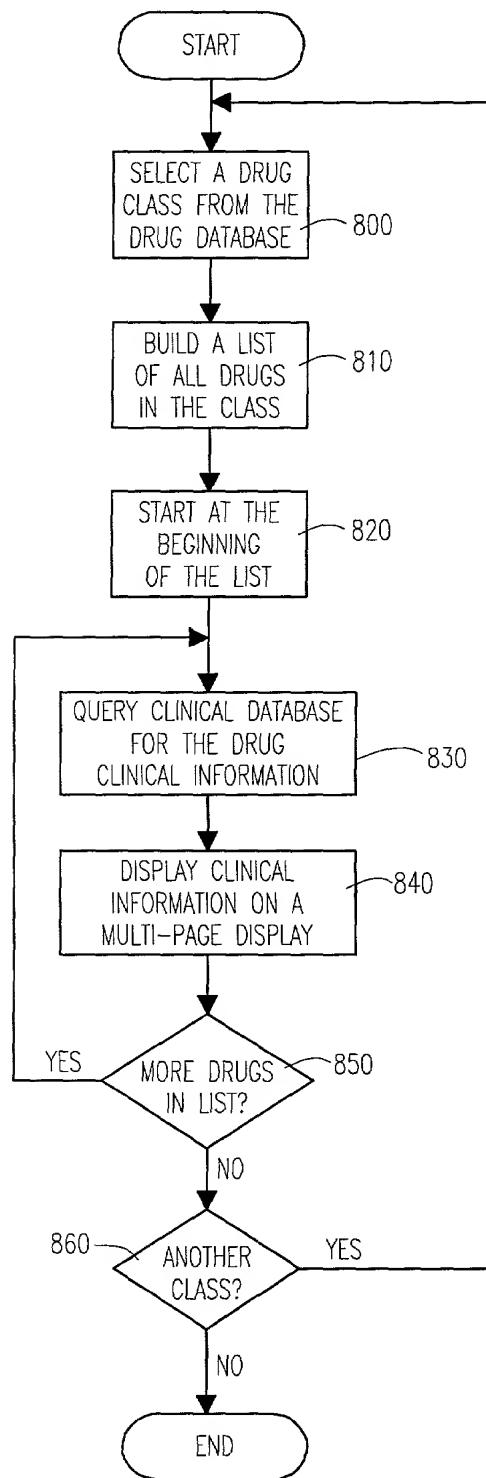


FIG. 8

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ADVERSE REACTION-BASED QUERY

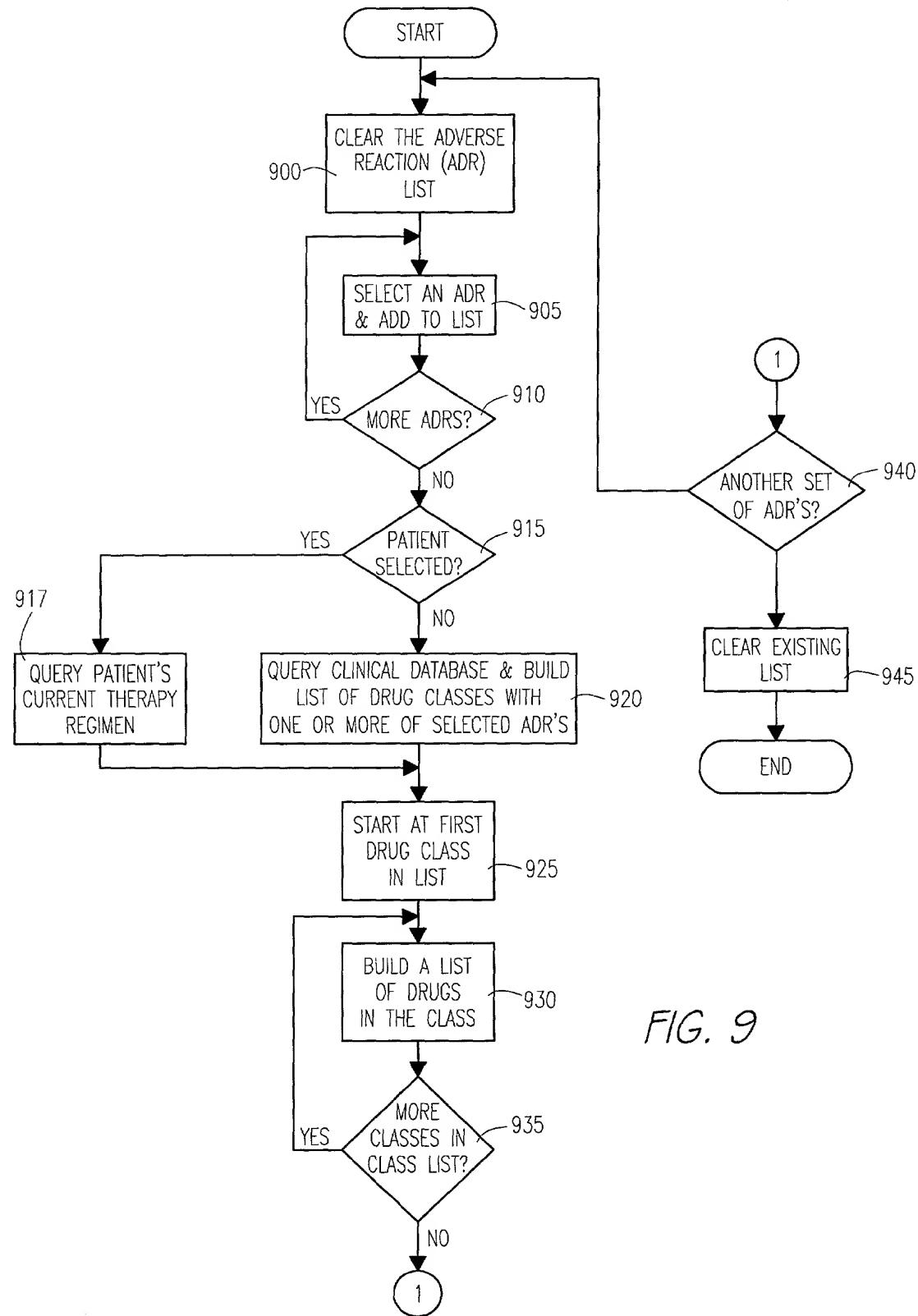


FIG. 9

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PCCF-FORM

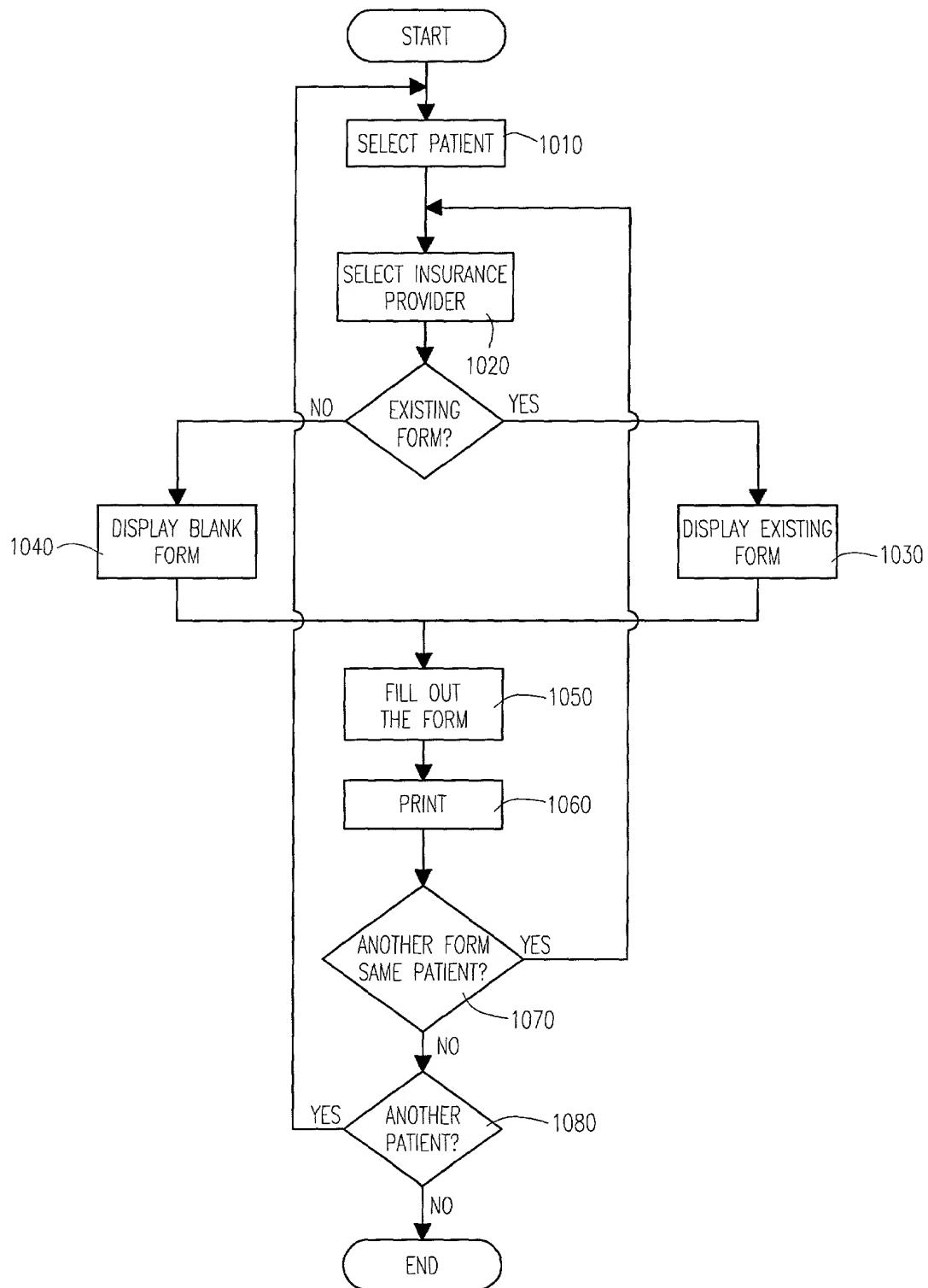


FIG. 10

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HCFA 1500 - FORM

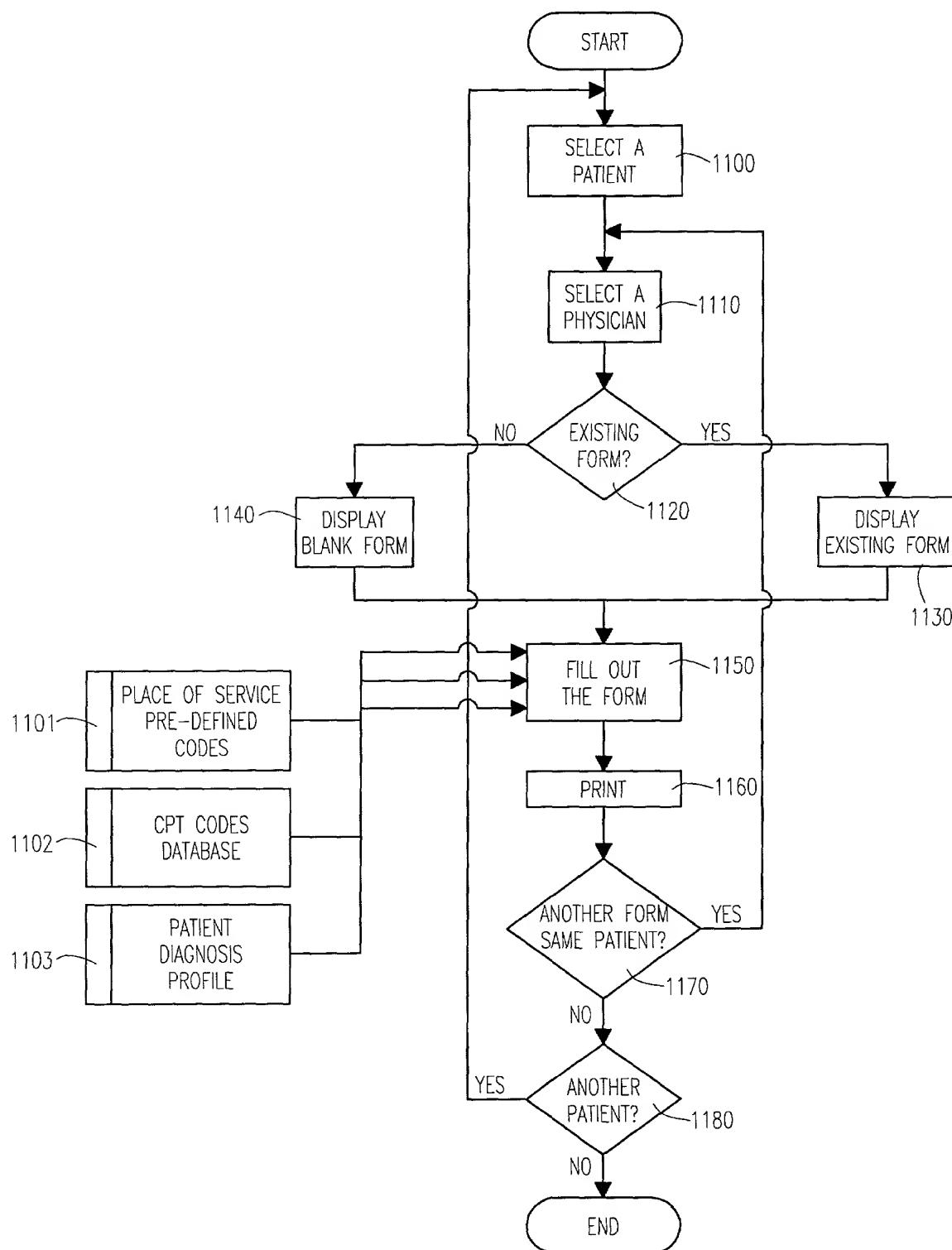


FIG. 11

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HUMANISTIC OUTCOME SURVEYS

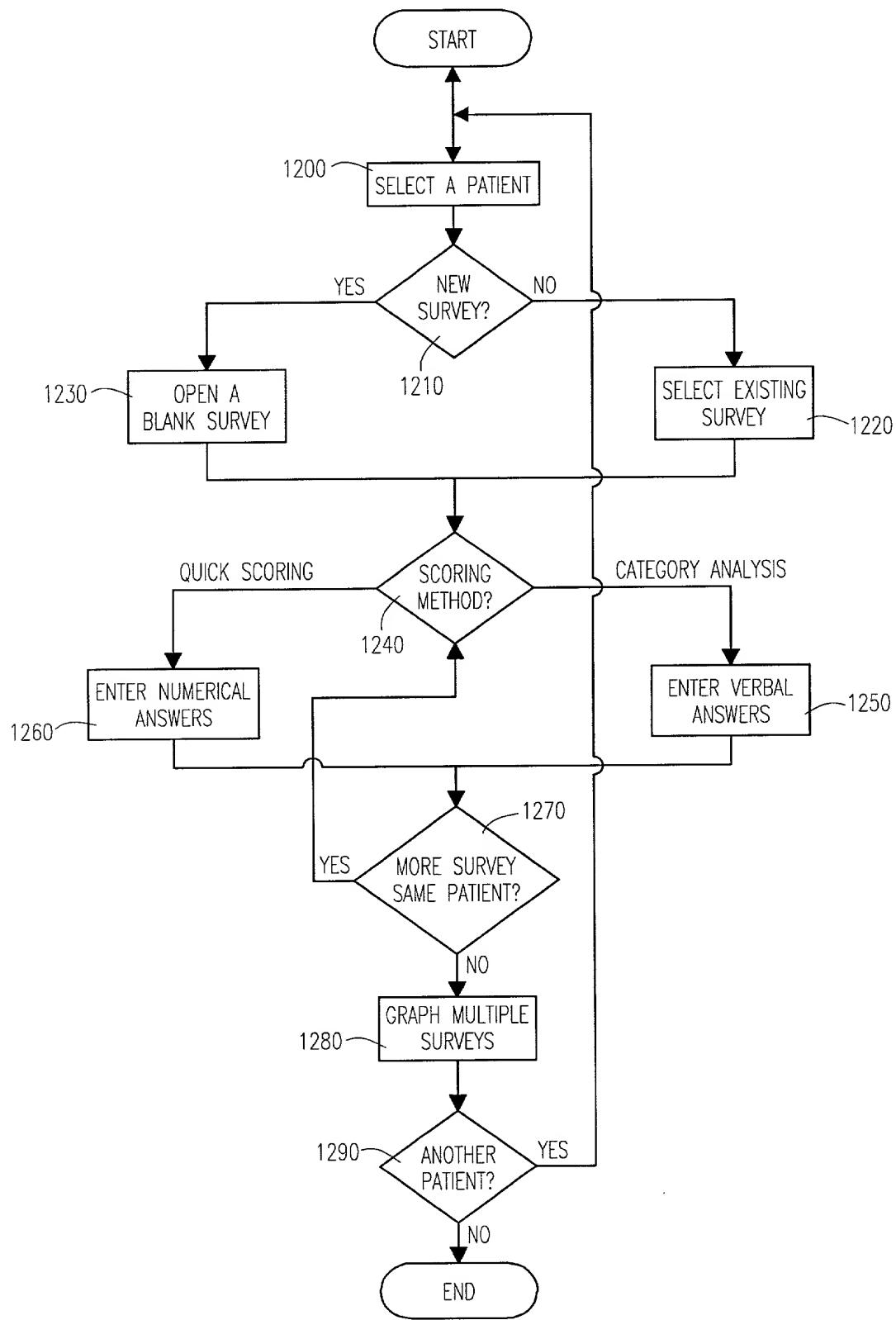


FIG. 12

PATIENT QUERY PROCESS

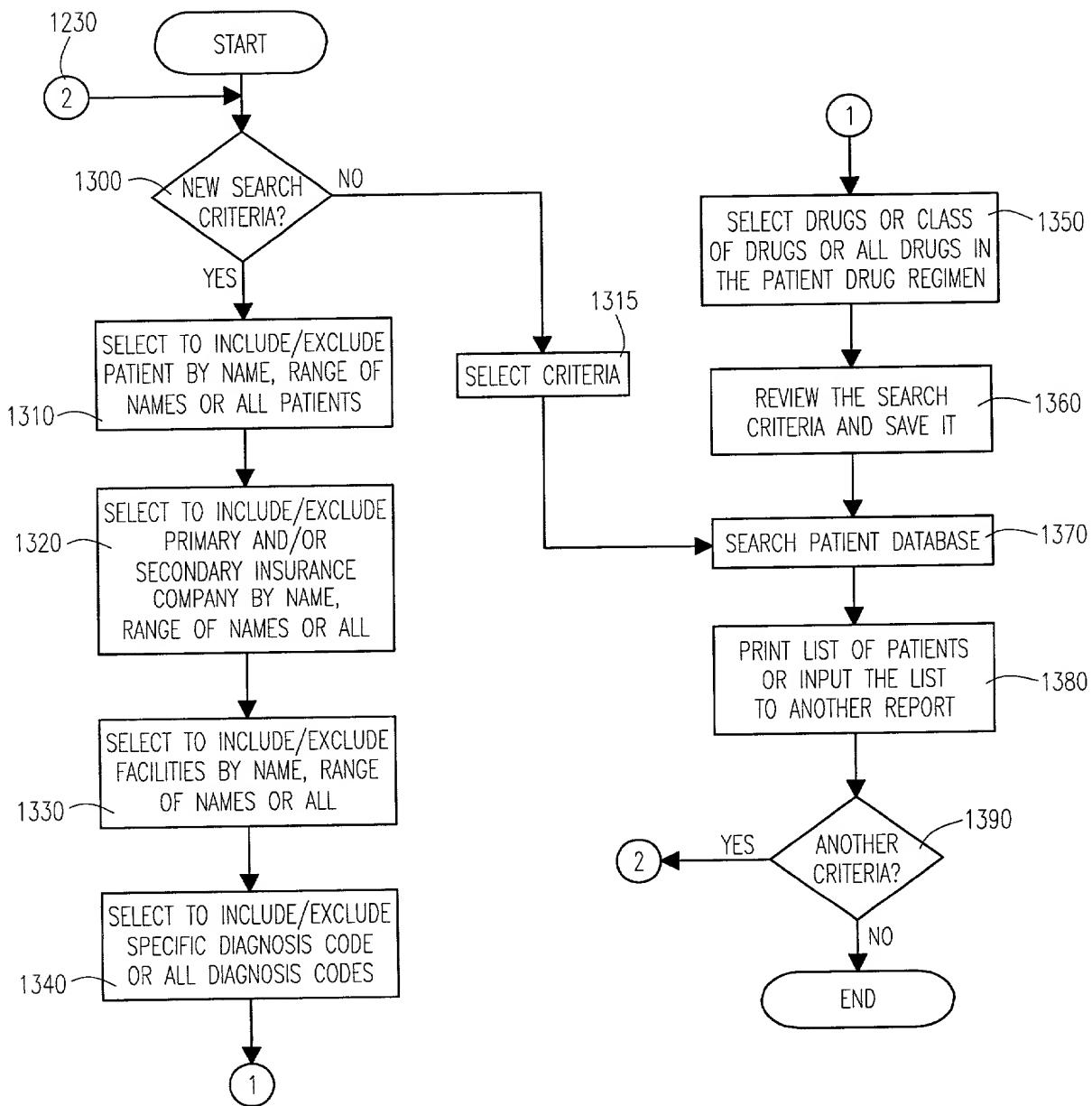


FIG. 13

DRUG UTILIZATION REPORT

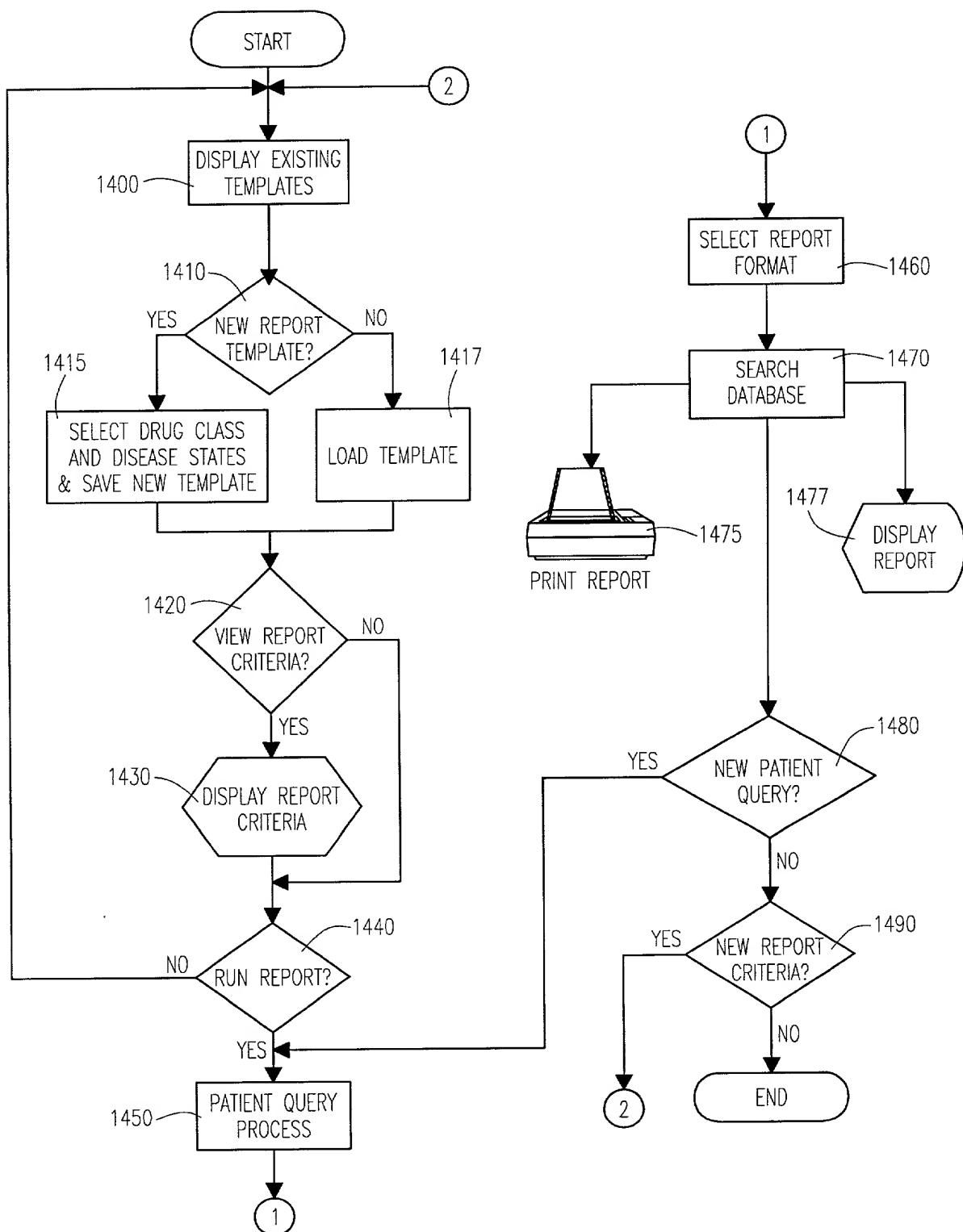


FIG. 14

THERAPY ASSESSMENT REPORTS

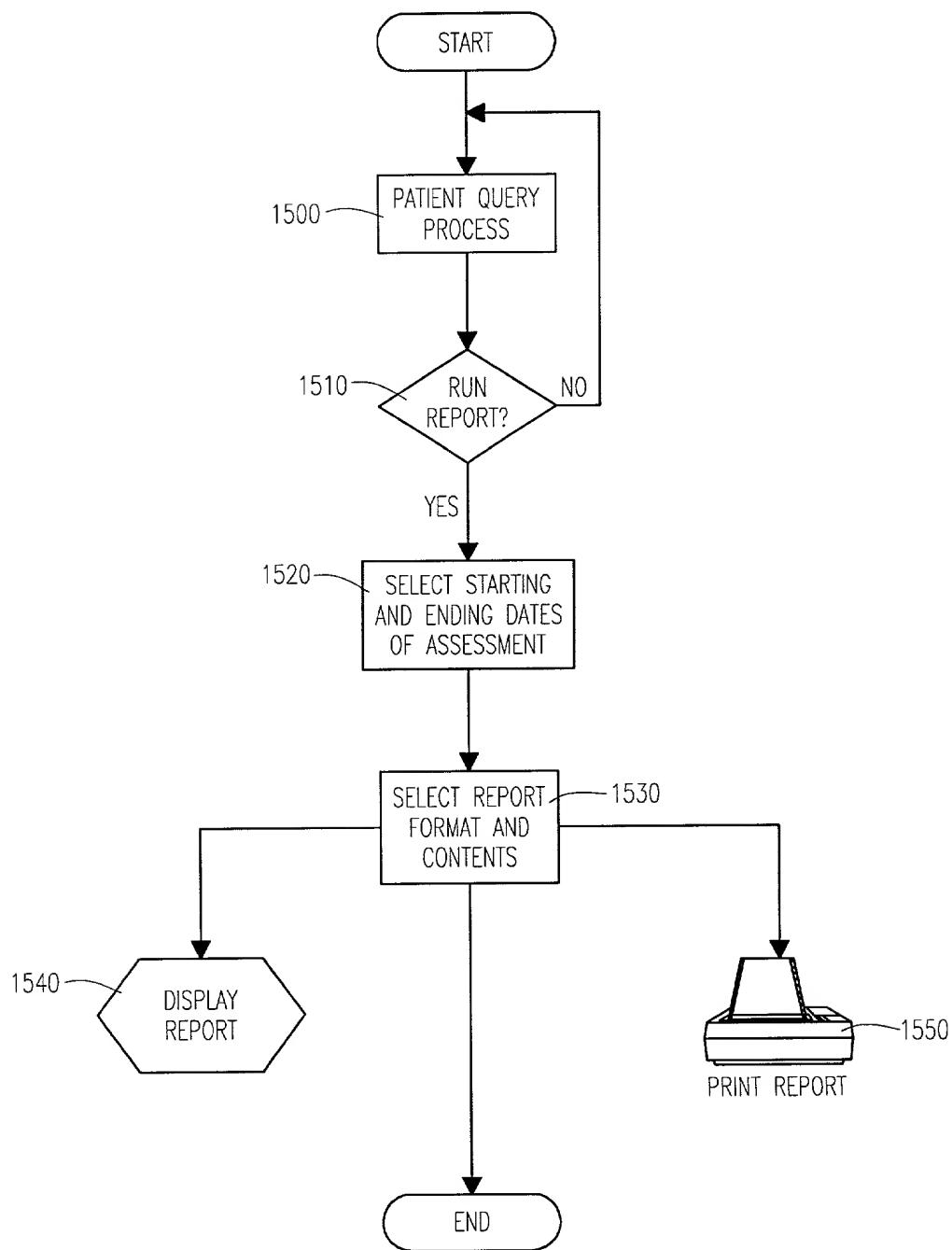


FIG. 15

CLINICAL OUTCOME REPORT

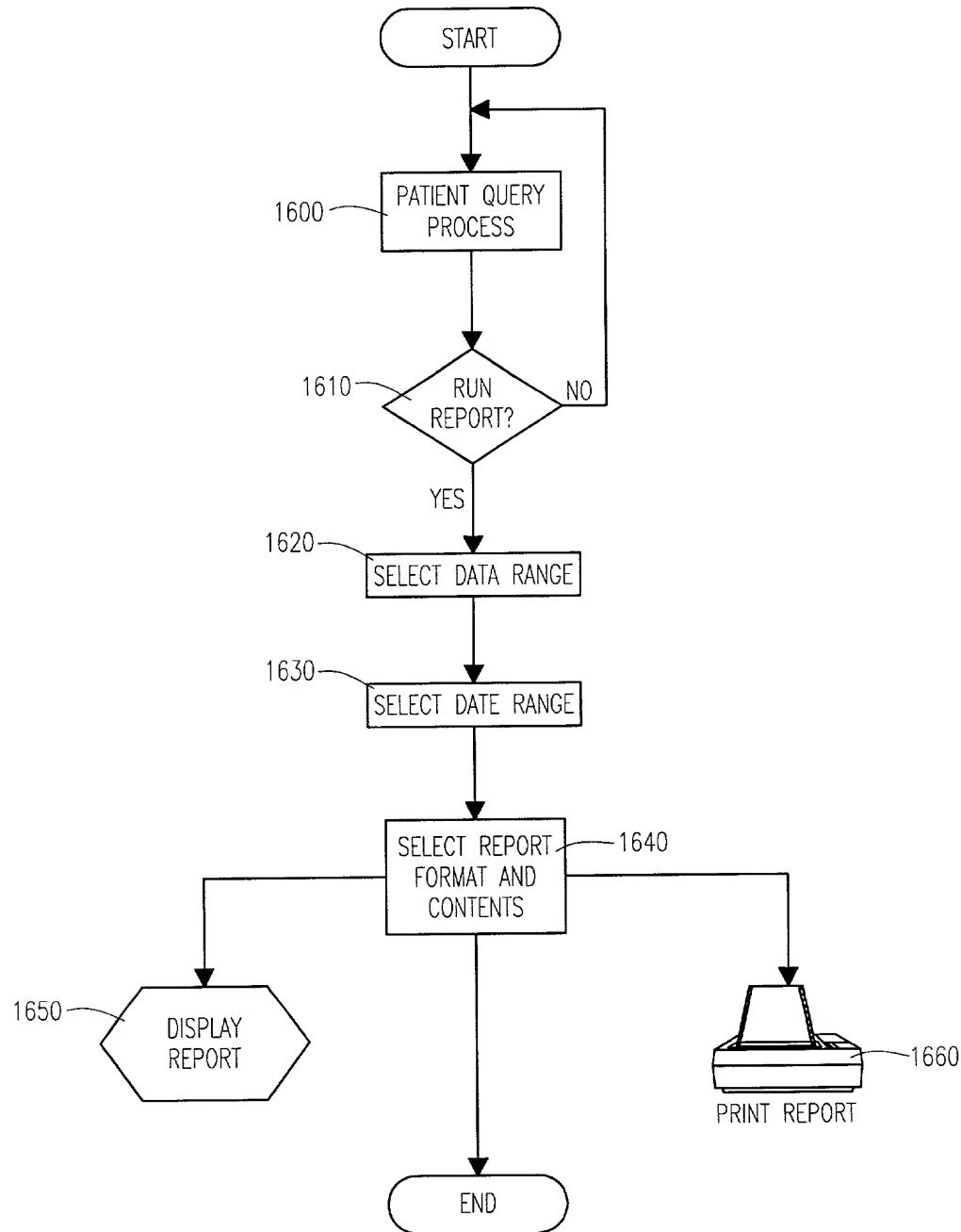


FIG. 16

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ELETREBY COMPUTER COMPANY, INC.
 2145 W. LA PALMA AVE.
 ANAHEIM, CA 92801
 (714)533-1308

DATE PRINTED: 2/10/99

PHARMACIST CARE PLAN

PATIENT: XXXXXXX

PHYSICIAN: XXXXX

PHARMACIST: XXXXX

SERVICE DATE: 2/22/98

DISEASE/TASK: ASTHMA

PROBLEMS/NEEDS:

- 1-WAKING UP AT NIGHT DUE TO SYMPTOMS OF ASTHMA >TWICE A MONTH.
- 2-INCREASED USE OF SHORT ACTING BETA AGONISTS (QID).
- 3-LONG-TERM OVERUSE OF BETA AGONISTS (>1 CANISTER/MONTH).
- 4-POOR TOLERANCE TO PHYSICAL ACTIVITY.

GOALS:

PREVENT CHRONIC, TROUBLESOME SYMPTOMS (COUGHING OR BREATHLESSNESS).

- 1-MAINTAIN (NEAR) "NORMAL" PULMONARY FUNCTION.
- 2-MAINTAIN NORMAL ACTIVITY LEVELS INCLUDING EXERCISE.
- 3-PREVENT EXACERBATIONS & MINIMIZE THE NEED FOR ER OR HOSPITAL VISITS.
- 4-MEET PATIENT'S EXPECTATIONS OF, & SATISFACTION WITH ASTHMA CARE.

PLAN:

- 1-CONTINUE QUICK-RELIEF MEDICATION (E.G. SA INHALED B2-AGONIST) PRN SYMPTOMS.
- 2-ADD A DAILY INFLAMMATORY (LOW DOSE STEROID, CROMOLYN, OR NEDOCROMIL).
- 3-MONITOR ADHERENCE TO BOTH CLASSES OF MEDICATIONS.
- 4-IMPLEMENT ENVIRONMENTAL CONTROL MEASURES.

10

MONITORING PARAMETERS:

SYMPOMS	COUGHING AND WHEEZING 20R<TIMES/WK	PHYSICAL ACTIVITY LIMITATION SLIGHTLY LIMITED	EXACERBATIONS MILD	NOCTURNAL AWAKENING LAST 30 DAYS 2-4 TIMES
DISEASE ISSUES	TYPE OF ASTHMA ALLERGIC (EXTRINSIC)	SEVERITY CLASSIFICATION MILD PERS	MISSSED SCHOOL/WORK LAST 30 DAYS ONE TIME	E.R. OR HOSPITAL VISITS LAST 30 DAY NONE
MEASUREMENTS	PEFR(% OF PERSONAL BEST) <OR=80	PEFR VARIABILITY(%) 10-20	FREQUENCY OF QUICK-RELIEF MEDS QID	CANISTERS OF QUICK- RELIEF MEDS/MO. >1 BUT <2
ADHERENCE	TO QUICK RELIEF MEDICATIONS FAIR	TO ANTIINFLAMMATORY MEDICATIONS POOR	TO LIFESTYLE ISSUES MEDICATIONS GOOD	TO ENVIRONMENTAL CONTROL FAIR

FIG. 17A

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ELETREBY COMPUTER COMPANY, INC.
 2145 W. LA PALMA AVE.
 ANAHEIM, CA 92801
 (714)533-1308

DATE PRINTED: 2/10/99

PHARMACIST CARE PLAN

PATIENT: XXXXXX

PHYSICIAN: XXXXX
 PHARMACIST: XXXXX
 SERVICE DATE: 2/22/98

DISEASE/TASK: ESSENTIAL HYPERTENSION

PROBLEMS/NEEDS:

- 1-IDENTIFY MAJOR RISK FACTORS.
- 2-DETERMINE PRESENCE OF TOD AN CVD.
- 3-BASED ON BP MEASUREMENTS DETERMINE BP CLASSIFICATION.
- 4-EVALUATE RISK STRATIFICATION AND IDENTIFY "RISK GROUP".
- 5-EXAMINE LIFESTYLE MODIFICATION ISSUES.
- 6-FOLLOW BP TREATMENT ALGORITHM AND INDIVIDUALIZE THERAPY.

GOALS:

- 1-TO REDUCE MORBIDITY AND MORTALITY BY THE LEAST INTRUSIVE MEANS POSSIBLE.
- 2- TO ACHIEVE AND MAINTAIN BP BELOW 140/90.
- 3-TO CONTROL OTHER MODIFIABLE RISK FACTORS FOR CVD.
- 4-TO PREVENT STROKE, PRESERVE RENAL FUNCTION, AND PREVENT OR SLOW HEART FAILURE PROGRESSION.

10

PLAN:

- 1-IDENTIFY KNOWN CAUSES OF HIGH BLOOD PRESSURE.
- 2-ASSESS THE PRESENCE OF TOD AND CVD, THE EXTENT OF THE DISEASE, AND THE RESPONSE TO THE THERAPY.
- 3-IDENTIFY OTHER CARDIOVASCULAR RISK FACTORS OR CONCOMITANT DISORDERS THAT MAY DEFINE PROGNOSIS AND GUIDE TREATMENT.
- 4-FOLLOW LIFESTYLE MODIFICATION GUIDELINES

MONITORING PARAMETERS:

SYMPTOMS	SMOKING	ALCOHOL INTAKE	DYSLIPIDEMIA	OBESITY
	NO	YES	YES	YES
DISEASE ISSUES	FAMILY HISTORY OF CVD	TARGET ORGAN DAMAGE	CLINICAL CARDIOVASCULAR DISEASE	DIABETES
	YES	NO	NO	YES
MEASUREMENTS	SYSTOLIC BLOOD PRESSURE 160-179	DIASTOLIC BLOOD PRESSURE 100-109	BLOOD PRESSURE CLASSIFICATION STAGE 1	RISK STRATIFICATION RISK GROUP C
ADHERENCE	DRUG THERAPY	DIET	EXERCISE	LIFE-STYLE ISSUES
	FAIR	FAIR	GOOD	POOR

FIG. 17B